



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

July 28, 2006

Dear Provider of Nutrition Services:

The Centers for Medicare and Medicaid Services recently approved amendments to the Medicaid Home and Community Based Services (HCBS) waiver programs through which community services are provided to individuals with mental retardation. This letter will provide clarification regarding how Individual Support Plans (ISP's) and Cost Plans will be handled. A table of the waiver changes is enclosed.

The most significant waiver amendment related to Nutrition Services involves a change in the service unit from "per 15 minutes" to "per visit". While the effective date for implementation of this change is July 1, 2006, we are unable to immediately make the changes needed to Cost Plans and electronic billing for Nutrition Services.

Service Units: During the 3rd week of September, the Information Technology staff of the Division of Mental Retardation Services (DMRS) will perform an electronic conversion of Cost Plans and the DMRS billing system retroactive to July 1, 2006, converting service units in approved Cost Plans and service units which have already been billed.

- For any ISP submitted to the Regional Office but not yet processed in the system before the date of the electronic conversion, the Regional Office will manually convert the Services and Supports section of the ISP to the new service units before entering the information into the DMRS Cost Plan and billing system. During the period April through June of 2007, providers of Nutrition Services may have to submit amended claims for July and August to reconcile any differences between the reimbursement based on the "per 15 minutes" service unit versus the "per visit" service unit.
- For any ISP submitted to the Regional Office between the date of the electronic conversion and October 1, 2006, the Regional Office will manually convert the Services and Supports section of the ISP to the new service units before entering the information into the DMRS Cost Plan and billing system.
- All ISP's submitted to the Regional Office on or after October 1, 2006, will be required to be submitted using the new "per visit" service units.

Physician Orders: All physician orders for Nutrition Services accompanying ISP's submitted to the Regional Offices on or after October 1, 2006, will be required to specify the **number of visits** rather than the amount of time based on "per 15 minute" service units. Physician orders for Nutrition Services accompanying ISP's that were submitted to the Regional Offices prior to October 1, 2006, will not have to be revised provided that the total amount of time spent per month providing Nutrition Services to the service recipient does not exceed the total time specified on the physician's order.

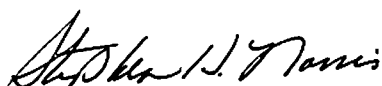
Service Limits: Effective July 1, 2006, the service recipient has a limit of three Nutrition Assessments with Plan Development per year per provider. No more than one Nutrition Assessment with Plan Development can be billed per month.

- At the time of the electronic conversion, an ISP having minutes (based on the "per 15 minutes" service unit) which have been approved for assessment in a given month will be converted to a maximum of one Nutrition Assessment with Plan Development for that month.
- At the time of the electronic conversion, an ISP having minutes (based on the "per 15 minutes" service unit) which have been approved for Nutrition Services other than assessments in a given month will be converted to one or more non-assessment Nutrition Services visits for that month. For purposes of the conversion, the number of visits will be based on the number of minutes in the approved ISP; however, the conversion will be a best guesstimate. The Nutrition Services provider can request an ISP amendment if additional visits are medically necessary.

While this memo focuses on the process for handling changes resulting from the amendments to the Medicaid HCBS waivers, the same policies would apply to equivalent services state-funded by DMRS. The specific cost centers for the state-funded services, however, are not addressed in this memo.

If you have any questions, you may contact Karen Wills at (615) 532-3063.

Sincerely,



Stephen H. Norris
Deputy Commissioner

SHN:wlm

Enclosure

CC: Karen Wills
Larry Latham, Ph.D.
Joanna Damons
Fred Hix
Lucia Beiler
Barbara Charlet
Louis Moore, M.D.

Denine Hunt
Adadot Hayes, M.D.
Pat Nichols
Kathleen Clinton
John Craven
Cate Newbanks
Karen Carothers

Waiver Service	Cost Center			Service Unit	Maximum Rate	Comment
	Statewide	Self Determination	Arlington			
Nutrition Assessment and Plan Development Rate 1	6Z521	9Z521	6Z521Q	Per visit	\$207.20	All ISP's submitted to the Regional Office on or after October 1, 2006, will be required to be submitted using the new "per visit" service unit instead of "per 15 minutes".
Nutrition Assessment and Plan Development Rate 2	6Z522	9Z522	6Z522Q	Per visit	\$275.57	Prior to October 1, 2006, continue to submit ISP's using the "per hour" service unit. (July and August billing will have to be reconciled later.)
Nutrition Assessment and Plan Development Rate 3	6Z523	9Z523	6Z523Q	Per visit	\$309.76	The service recipient is limited to one assessment per month with a maximum of 3 assessments per year per provider.
Nutrition Service Rate 1	6Z511	9Z511	6Z511Q	Per visit	\$77.70	All ISP's submitted to the Regional Office on or after October 1, 2006, will be required to be submitted using the new "per visit" service unit instead of "per 15 minutes".
Nutrition Service Rate 2	6Z512	9Z512	6Z512Q	Per visit	\$128.98	Prior to October 1, 2006, continue to submit ISP's using the "per hour" service unit. (July and August billing will have to be reconciled later.)
Nutrition Service Rate 3	6Z513	9Z513	6Z513Q	Per visit	\$163.17	The service recipient is limited to one visit per day.